

Smart Forms

An Informatics Architecture for Documentation-based Clinical Decision Support

Blackford Middleton, MD, MPH, MSc

Brigham & Women's Hospital
Partners Healthcare
Harvard Medical School

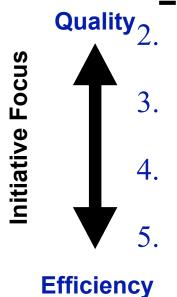


What Are the HPM Initiatives?

1. <u>Investing in quality and utilization infrastructure</u>

Infrastructure

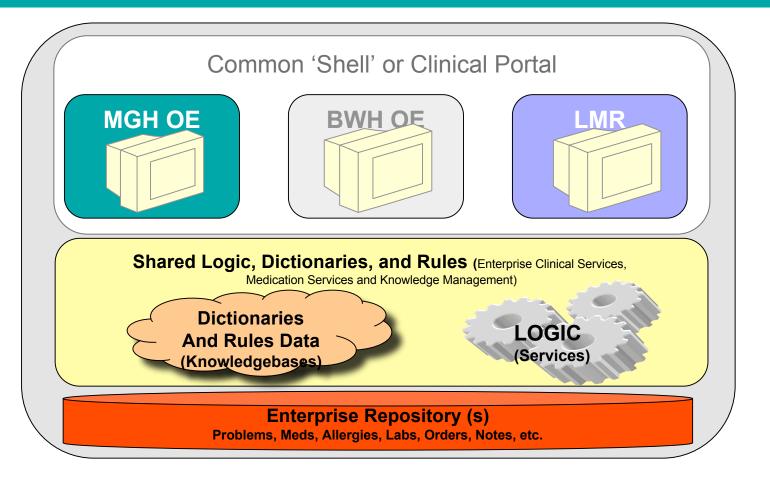
- -Information systems
- -Other resources



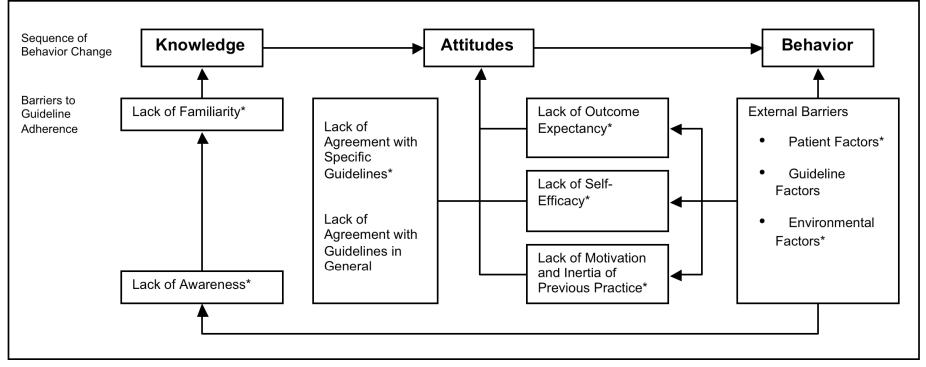
- Enhancing patient safety by reducing medication errors systemwide
- Enhancing uniform high quality by measuring performance to benchmark for select inpatient and outpatient conditions
- Expanding disease management programs by supporting activities for certain patients with chronic illnesses
- <u>Improving cost effectiveness</u> through managing utilization trends and analysis of variance

The Future: Shared Data, Knowledge Logic, Maintaining Custom Presentation Layer

Future clinical applications will take advantage of shared repositories of enterprise data, knowledge, and logic, in a *services-oriented architecture*



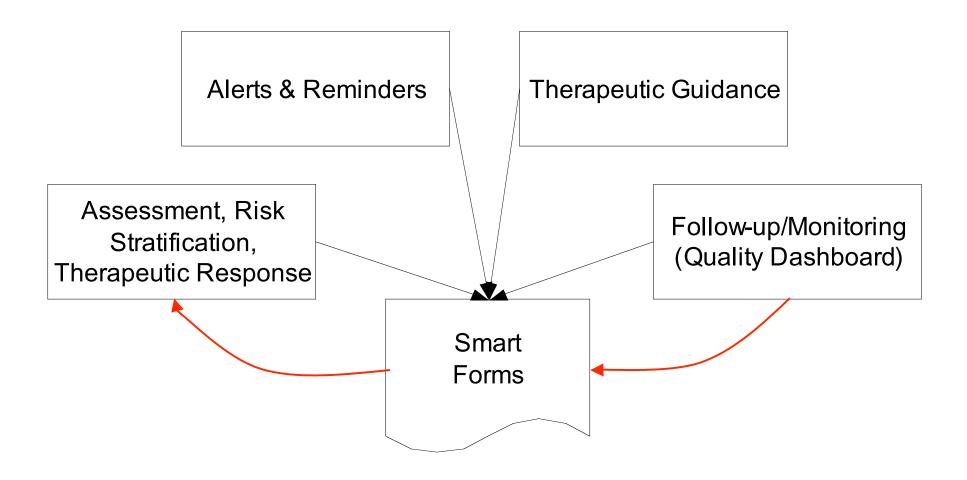
Barriers to Physician Adherence to Practice Guidelines in Relation to Behavior Change



*Barriers potentially addressed by implementation of Smart Forms.

Cabana MD. JAMA. 1999;282:1458-1465.

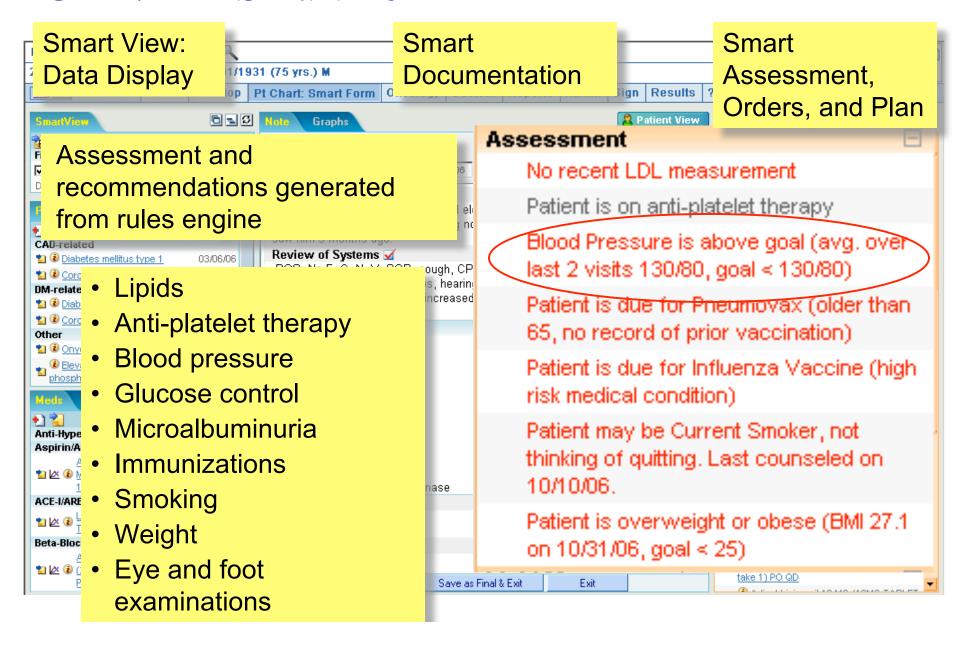
CDS Integrated into the Clinical Workflow



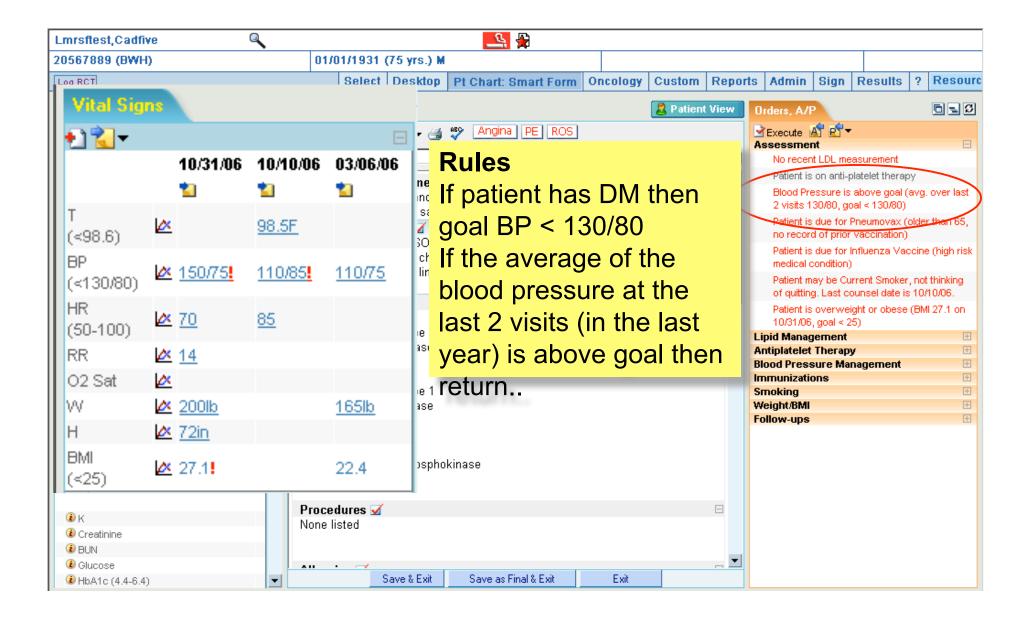
What is a Smart Form?

- Clinical documentation-based
- Actively engage user during workflow
- Organize relevant data
- Request new data
- Integrate decision support, ordering, patient education, and documentation

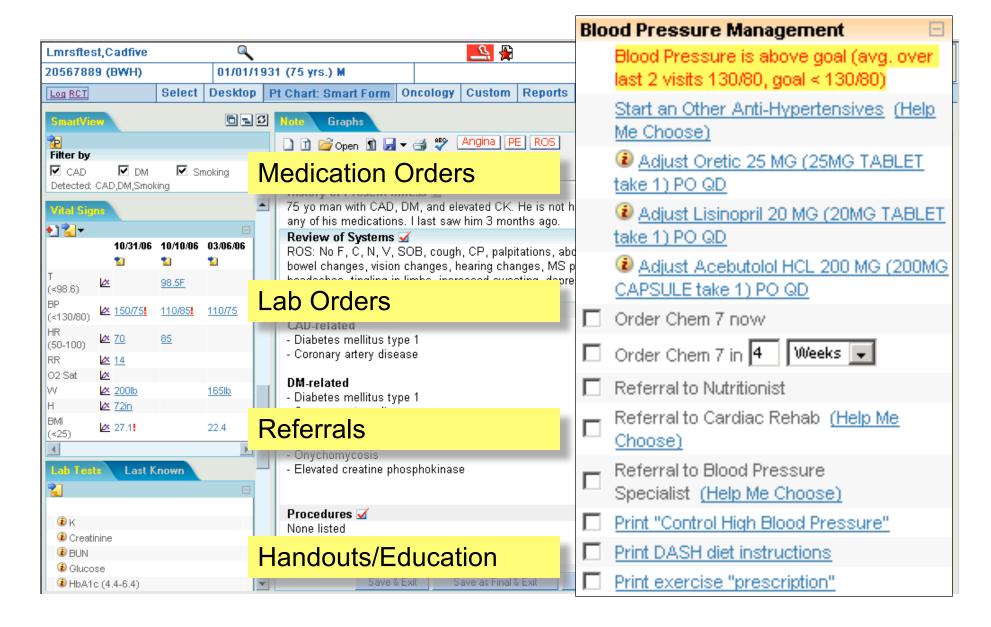
CAD/DM Smart Form



CAD/DM Smart Form



CAD/DM Smart Form



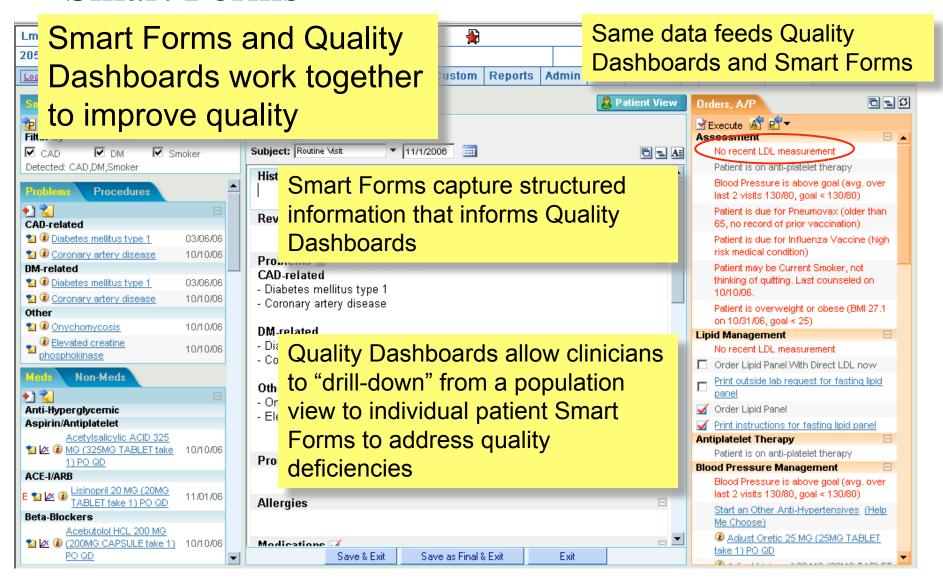
CAD Quality Dashboard



- Aspirin
- Beta-blockers
- Blood pressure
- Lipids

Quality Dashboards

← Smart Forms



CAD/DM Smart Form Pilot Results

Deficiency Addressed When Present at Index Visit	Pre-intervention Visit	Smart Form Visit	P value
Up to date blood pressure result (within 12 months) documented in vital signs	43/133 (32.3%)	14/15 (93.3%)	< 0.001
Smoking status documented in health maintenance or problem list	21/339 (6.2%)	11/46 (23.9%)	< 0.001
Up to date A1c result (within 12 months)	24/226 (10.6%)	5/28 (17.9%)	0.34
Antiplatelet prescribed or contraindication documented	10/309 (3.2%)	13/42 (31.0%)	< 0.001
Beta-blocker prescribed or contraindication documented	1/24 (4.2%)	2/3 (66.7%)	0.03
Up to date blood pressure result (within 12 months) documented in vital signs	43/133 (32.3%)	14/15 (93.3%)	< 0.001
Change in diabetic therapy if $A1c > 7.0$	44/413 (10.7%)	14/83 (16.9%)	0.11
% deficiencies addressed	7.9%	13.6%	0.0004

60% of users felt that the Smart Form helped them comply better with guidelines and helped them improve the quality of patient care.

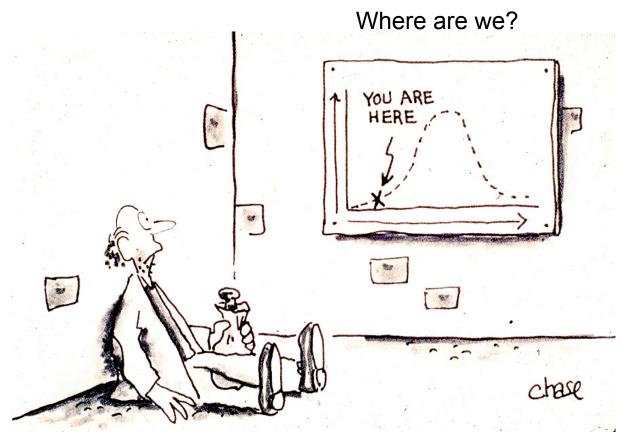
Research Summary to Date

- CAD/Diabetes SF
 - Improves documentation of coded data when used
 - Blood pressure, smoking status
 - Sometimes changes clinical management
 - Is believed to improve care by PCPs
 - Major issue is integration into workflow
- ARI SF
 - Decreased antibiotic use by 5% in RCT
 - Has now been used on over 6000 patients
 - 28 "power users"

Conclusions based upon Research Findings

- When used the SF improves the capture of structured data
- Positive changes in clinician behavior
- May impact on clinical inertia
- Big issue currently is fitting into physicians' varied workflow requirements
- By incorporating decision support into clinical workflow, SF has the potential to improve care for patients with chronic conditions

Q&A



Thank you!
Blackford Middleton, MD
bmiddleton1@partners.org